

DEPARTMENT OF CORRECTIONS

CONTRACT ROUTING LOG

Contract Origin

Contract Status

Administrative & Financial Services
Adult Community Corrections
Director's Office
Health Services, Planning, & IT

Human Resources/Training
Montana Women's Prison
Montana State Prison
Youth Services

New
Amendment

Contracting Authority:

18-4-132 MCA _____ 18-2-103 MCA _____ ARM 2.5.301 _____ ARM 2.5.601 _____ Other _____

Contractor: _____

Contract Service: _____

Contract Number: _____ Compensation: \$ (Annually) _____

Contract Period: _____ Lead Staff _____

Comment/Instructions: _____

Return this log and contract documents to Contracts Manager after approval/disapproval.

Contracts Manager (Gary Willems) Approved _____ (Initial) _____ Date _____

Funding Approval () ORG # _____

Approved: _____ Disapproved: _____

Comment: _____

Signature: _____ Date _____

Budget & Program Planning (Kara Sperle)

Approved: _____ Disapproved: _____

Comment: _____

Signature: _____ Date _____

Legal Counsel (Colleen White)

Approved: _____ Disapproved: _____

Comment: _____

Signature: _____ Date _____

Contract Signature ()

Approved: _____ Disapproved: _____

Comment: _____

Signature: _____ Date _____

Sent to Contractor on _____